ADULT VOLUNTEER FORM

Full Name: ____________________________________________________________

Address: __________________________________________________________________

Telephone: ______________________   Email: ____________________________________

AVAILABILITY (CHECK ALL THAT APPLY)

__ Monday   __ Tuesday   __ Wednesday __ Thursday __ Friday __ Weekends

Times Available: _____ Mornings _____ Afternoons _____ Evenings

How many hours would you like to volunteer:

__ 1 hour per week

__ 2 - 4 hours per week

__ 4 - 6 hours per week

__ Other (please explain) ____________________________________________________

__________________________________________________________________________

Please indicate the volunteer opportunities that interest you:

__ Children’s Department Programing (Assist with set up, clean up and anything else associated with the program)

__ “Extra Hands” (Assist with various clerical activities including photocopying and preparing crafts for the children’s department)

__ Shelf reader (Examine library materials for condition and make sure they are in order on their respective shelves. Requires bending, reaching and crouching sometimes)

Please return the completed form to Ann-Marie Sieczka at the Circulation desk or via email at asieczka@bhplnj.org